

Communicable Diseases Weekly Report

Week 09, 29 February to 06 March 2016

In summary, we report:

- [Australian bat lyssavirus](#) – bat exposure risk
- [Measles](#) – 1 new case reported
- [Summary of notifiable conditions activity in NSW](#)

For further information on infectious diseases on-line see [NSW Health Infectious Diseases](#). Also see [NSW Health Infectious Diseases Reports](#) for links to other surveillance reports.

Australian bat lyssavirus – bat exposure risk

In this reporting week Biosecurity NSW (Department of Primary Industries) has reported three bats that have tested positive for Australian bat lyssavirus (ABLV). One bat was from the south Sydney region and two were from the Grafton area. This brings the total number of ABLV detections in bats in NSW in 2016 to five.

The two bats from Grafton were unwell and had been carefully collected by a wildlife worker and cared for by a veterinarian; neither the wildlife worker nor the veterinarian was bitten or scratched by the bats. The bat from the Sydney region had been rescued from a fence by a concerned community member, who was subsequently scratched by the bat and so required antibody and a series of vaccine injections to prevent ABLV infection.

Lyssaviruses are a group of viruses that includes ABLV and rabies virus. ABLV is found in all species of bats in Australia, from the small insectivorous microbats to the larger flying fox species. Rabies virus is carried by a range of mammals in many overseas countries. Lyssaviruses are spread by bites and scratches from infected animals. Almost all human cases of lyssavirus infection are fatal.

All bats and flying foxes, no matter what their age, should be assumed to be infectious with ABLV, regardless of whether the animal looks sick or not. People should avoid all contact with adult bats and bat pups as there is always the possibility of being scratched or bitten by a bat with this lethal virus. If bats must be handled then appropriate personal protective equipment (PPE) should be worn and the bat handler must have been vaccinated. PPE includes puncture-resistant gloves and gauntlets, long sleeved clothing, safety eyewear or face shield to prevent mucous exposures, and a towel to hold the bat. A garden fork, spade or other implement should be used to move dead bats.

Anyone who comes across an injured bat is advised to contact the local Wildlife Information Rescue and Education Service (WIRES) network on 1300 094 737. WIRES have trained and vaccinated staff equipped with appropriate personal protective equipment who can deal with bats safely. A veterinarian may also be able to offer assistance and advice.

Travellers are advised to avoid contact with any wild or domestic mammal in a rabies endemic country. This includes bats and wild or domestic dogs, cats, and monkeys. Travellers to Bali and Thailand should avoid handling monkeys as if they are bitten or scratched treatment will be required. Following any bite or scratch from a mammal in a rabies endemic country or a bat in Australia the wound should be rapidly and thoroughly cleaned with soap and water for at least five minutes and an antiseptic applied; the person should be assessed urgently for post-exposure rabies vaccination. For more information follow the link to the [Rabies / ABLV](#) factsheet.

Measles – 1 new case

One case of measles has been notified this reporting week. The case occurred in a male from South Western Sydney Local Health District who had recently returned from Pakistan. This brings the total number of cases reported in 2016 to two, compared to four cases in 2015 and twenty one in 2014 for the same period. Prior to diagnosis the case had visited general practitioners in Auburn and Lakemba and spent time in Bankstown Hospital Emergency Department while infectious. Public health units have contacted and arranged preventive vaccination or antibodies for susceptible people who were in those health care facilities at the same time as the case. While infectious the case also travelled by train between Bankstown and Lakemba.

There were fewer measles notifications in 2015 than in the previous three years with only nine cases reported in 2015 compared to 68 cases in 2014, 33 in 2013, and 174 in 2012. Chains of transmission were short in 2015 with most cases not resulting in onward transmission.

The measles virus is transmitted via respiratory secretions in the air following coughing and sneezing. Symptoms of measles include fever, runny nose, sore red eyes and cough, followed 3-4 days later by a red blotchy rash spreading from the head and neck to the rest of the body. Common complications of measles include middle ear infection and viral or bacterial bronchopneumonia. Acute encephalitis occurs rarely and subacute sclerosing panencephalitis is a very rare delayed complication, occurring in about 1 per 100,000 cases.

Although measles is highly contagious it is effectively prevented through vaccination, with two doses of a measles containing vaccine (MMR) offering protection against infection in 99% of people who are vaccinated with two doses. Vaccination not only benefits those who receive it but also protects others, such as those too young or unable to be vaccinated, by reducing the risk that an unvaccinated person is exposed to measles virus; this is known as herd immunity.

As measles is highly contagious very high vaccine coverage rates (95% or more) are needed to achieve herd immunity and maintain measles elimination in Australia. Anyone born in or after 1966 should have had two doses of measles-mumps-rubella (MMR) vaccine, which is free for people up to 50 years of age in NSW. MMR vaccine is now routinely offered to all children at 12 and 18 months of age through the National Immunisation Program. In the most recent quarter (ending 31 December 2015), over 93% of NSW children had received two doses of measles vaccine by the age of 5.

If you were born in or after 1966 and are unsure of your vaccination status, or have not had two vaccine doses in the past (or had a confirmed measles infection), consult your GP for more advice. This is particularly important prior to overseas travel as the risk of being exposed to a case of measles is greater when travelling.

It is important that if someone suspects that they or a family member has symptoms of measles, they call ahead to their local doctor or emergency department so arrangements can be made to keep the person with suspected measles away from others who could be at risk of infection. This is particularly important for travellers returning from areas where measles still circulates (especially those who aren't fully vaccinated) who should seek medical advice if they develop the symptoms of measles within three weeks of return.

For more information please follow these links: [measles](#), [measles notifications](#) and [measles vaccination](#).

Summary of notifiable conditions activity in NSW

The following table summarises notifiable conditions activity over the reporting period (Table 1).

Table 1. NSW Notifiable conditions from 29 February to 6 March 2016, by date received *

		Weekly		Year to date			Full Year	
		This week	Last week	2016	2015	2014	2015	2014
Enteric Diseases	Cryptosporidiosis	24	29	241	247	124	1038	429
	Giardiasis	94	91	852	777	612	3415	2942
	Hepatitis A	1	3	12	27	23	71	80
	Rotavirus	5	5	121	87	74	1036	714
	Salmonellosis	124	108	1346	1243	1171	4045	4275
	Shigellosis	5	3	58	44	69	172	212
Respiratory Diseases	Influenza	168	143	1151	720	605	30296	20887
	Tuberculosis	5	7	78	69	83	442	474
Sexually Transmissible Infections	Chlamydia	474	446	4475	4438	4718	22539	22899
	Gonorrhoea	91	92	1064	1036	969	5400	4875
Vaccine Preventable Diseases	Adverse Event Following Immunisation	4	5	31	34	56	182	256
	Measles	1	0	2	4	35	9	68
	Meningococcal Disease	1	2	11	6	3	46	37
	Pertussis	260	274	2866	1145	450	12076	3052
	Pneumococcal Disease (Invasive)	3	7	49	44	47	494	511
Vector Borne Diseases	Barmah Forest	1	1	8	34	43	184	163
	Dengue	10	3	62	95	93	340	378
	Ross River	21	26	150	484	82	1641	673
Zoonotic Diseases	Q fever	1	0	37	46	53	267	190

* Notes on Table 1: NSW Notifiable Conditions activity

- Data cells represent the number of case reports received by NSW Public Health Units and recorded on the NSW Notifiable Conditions Information Management System (NCIMS) in the relevant period.
- Data cells in the 'Adverse Event Following Immunisation' category refer to suspected cases only. These reports are referred to the Therapeutic Goods Administration (TGA) for assessment. Data on adverse events following immunisation is available online from the TGA Database of Adverse Event Notifications.
- Only conditions for which at least one case report was received appear in the table. HIV and other blood-borne virus case reports are not included here but are available from the [Infectious Diseases Data](#) webpage.